

CONGRATULATIONS TO DR. JUNIUS B. HARRIS OF SACRAMENTO, AND TO SAN FRANCISCO

The House of Delegates of the American Medical Association, at its eighty-eighth annual session, held at Atlantic City, June 7-11, was called upon to act on several problems of great importance. The session was notable not only because of the actions taken concerning the care of the indigent sick and the relation of governmental agencies thereto, and in regard to birth control clinics and other matters of scientific and public health and welfare importance, but also because of the large attendance, some 9,764 members of the Association having registered.

Of special interest to Californians was the election of Dr. Junius B. Harris of Sacramento as vice-president of the American Medical Association. Members of the California Medical Association, who are familiar with the generous contributions which Doctor Harris for many years has made to scientific and organized medicine, are appreciative of the honor which has come to their beloved colleague, and join in congratulations.

Equally pleasing was the selection of San Francisco as the place of meeting for the 1938 annual meeting of the American Medical Association, to be held during the week beginning June 13. The California Medical Association and the San Francisco County Medical Society may be counted on to give fullest coöperation in all efforts that will make next year's San Francisco gathering a most successful session of the American Medical Association.

At its September meeting, the Council of the California Medical Association will designate the date of its own 1938 session, to be held at the Hotel Huntington in Pasadena.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 50.

*Resident Death Rates and Public Health.**—The development and increasing use of hospitals, as well as the growing migratory habits of the American people, are having an important effect on the methods of evaluating the health conditions in any locality.

Usually the death rate for a city or county is computed by dividing the number of deaths in that community by the population. Obviously, if a large number of nonresidents are attracted to a city because of superior hospital facilities, etc., it is impossible to get an accurate death rate for the city unless these nonresidents are excluded. For example, in 1935 there were 8,483 deaths in the District of Columbia. Of these, 800, or 9.4 per cent, were of persons who were not residents of the District. On the other hand, it is important to include among the deaths for that area those of residents who have temporarily gone elsewhere.

Such a reallocation of decedents is particularly important for certain diseases. In a preliminary study of eighteen states, it was found that 22 per cent of those dying from tuberculosis died in a city or county in which they were not residents. Of those dying from automobile accidents, 34.9 per cent were nonresidents.

*Abstract of paper read by Dr. Halbert L. Dunn, Chief Statistician of the Division of Vital Statistics, Bureau of the Census, at the annual conference of State and Provincial Health Officers of North America, 1937.

EDITORIAL COMMENT†

THE PHYSICIAN AND THE CHILD AT SCHOOL

When a tired business man goes to his personal physician for medical counsel, he not only is given a complete physical examination, but his history is taken in great detail. This history includes his past and present activities, and the physician considers it as his "activity load," and then, on so considering, and with an understanding of his physical condition, the physician intelligently outlines his daily program according to the indications. A proper diet is devised, his work is limited to his capacity, relaxation or rest periods are arranged, he is supervised as to the types of games he can play at the club, and even the number of holes of golf he may play is limited to the estimated allowance permitted by his physical condition. Every precaution is taken, in other words, to adapt activities to his individual needs. Under such a modified program, and so adapted, this business man will probably carry his "activity load" successfully and without mishap.

It seems justified that similar consideration should be given to the child at school. The child's "activity load" for the most part is his school program. Work required of children at school is comparable to work required of men in the business world. The school load of school children is significant to their health in the same proportion as the business load is significant to the health of business men. The school child under your care is entitled to your consideration of the school program he is carrying.

State school laws control the school program to some extent, but not so drastically that individual modifications cannot be made. Laws have not been written that take into consideration individual differences. One of the greatest challenges to education today is to individualize school procedures. If a school program is to meet the requirements and needs of children, it must be individualized to their differences. If the school in your community is to function adequately in all the phases of its contribution to its pupils, it must have guidance and leadership from outside sources. The physician must make his contribution by giving his leadership and guidance to the schools in his community.

Guidance in educational progress of children in the schools must be controlled by educators, for they are trained for this purpose; but control of the health and physical welfare of these children belongs to the physician. A child attending school handicapped with physical defects should not be expected to compete with pupils who are in good health. The removal of these handicaps

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.